The MEDICAL MISSIONARY

Courtesy McKesson & Robbins

ST. APOLLONIA
(Feast February 9)

Vol. III. FEBRUARY, 1930 No. 5

PATRONS OF OUR SOCIETY

St. Apollonia (Feast February 9)

DURING the last year of the Emperor Julian, A. D. 249, the Christians of Alexandria suffered a severe persecution. Among the many illustrious martyrs, one of the most famous, was St. Apollonia, referred to by an historian as "Virgo presbytera," by which he probably meant deaconess. She was the daughter of a senator and was converted to the Faith by a priest named Polycarp. The Emperor enraged at her conversion, commanded that her teeth be knocked out with pointed iron instruments and the roots extracted with tongs, if she refused to deny Christ. She remained faithful, however, and as a consequence suffered the loss of her teeth and it is said, also her tongue. Then a great fire was kindled outside the City gates and she was threatened to be thrown into it alive if she did not deny Christ or invoke the heathen gods. As an answer, she quickly jumped into the flames and was burned to death. St. Apollonia was always highly venerated as a martyr. On account of the tortures which she endured when her teeth were barbarously knocked out, she was chosen as the patroness of sufferers from toothache and also of the profession of dentistry.

There are several Guilds of Catholic Dentists under the patronage of St. Apollonia in the United States. The members of these Guilds of St. Apollonia are organized to give their professional services free to school children and orphans, who could not afford dental care otherwise. The city of Boston has the most flourishing Guild, which publishes an interesting monthly magazine, *"The Apollonian."* In St. Cecelia's Church, Belvidere Street, Boston, Mass., there is a beautiful statue of the Saint erected by the Guild.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Rev. M. J. Curley, D.D., Archbishop of Baltimore. The Society is designed to meet the need existing in all parts of the foreign mission field for Catholic medical women, willing to devote their life and profession to the service of the suffering millions of Pagandom.

It is intended for qualified women: Doctors, dentists, nurses, pharmacists, dieticians and technicians, etc., who feel attracted to the religious life, and who wish to continue to practice their profession in the service of God as foreign missionaries. These will find ample scope for their generosity in the Society of Catholic Medical Missionaries, whose purpose is to render medical aid, no disease or condition being excepted, to Christians and non-Christians, and to bring the light and consolation of our Holy Faith to the people under their care.

The Society will also accept members who possess no medical qualifications, either with a view of training them in some branch of the profession after admission, or with a view to devoting themselves to non-medical work inevitably connected with the undertakings of the Society at home and abroad.

The requirements for admission are the same as for other religious communities.

Please address inquiries to Dr. Anna Dengel, *Catholic Medical Mission House, Brookland, Washington, D. C., U. S. A.*

VOCATIONS—THE GREATEST NEED

Sometimes we are asked: What do you need the most? Our answer is: MEDICAL MISSIONARIES, who are glad to go to those parts of the world where people are farthest removed from the ordinary means of salvation and from assistance in their many diseases and sufferings.

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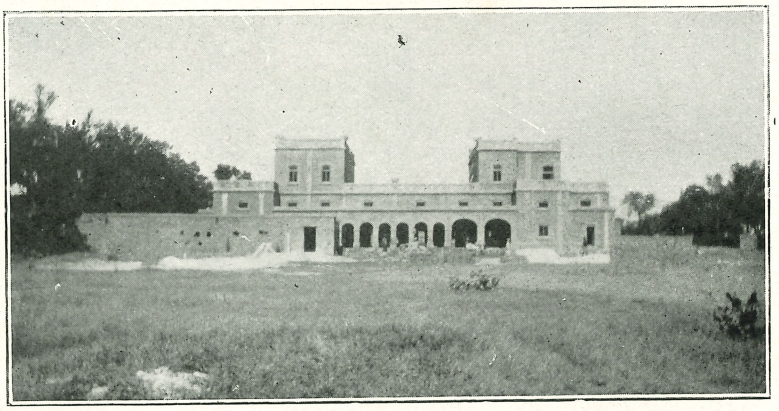

Holy Family Hospital, Rawalpindi

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ORIENTAL WOMEN I HAVE MET

"Life Behind Four Walls," by DR. ANNA DENGEL

IT IS difficult to leave one's post if there is only one doctor in charge of a hospital, no matter how small it may be. This is not so much on account of the in-patients as the dispensary patients, many of whom often walk many miles or travel several days to the dispensary and of course are very disappointed if they find the dictor absent.

Not very rarely a deputation of men come from a far-off village and beg and implore the doctor-mensahiba to go and see some woman relative. It is hard to refuse, but in the absence of more doctors nothing else remains to be done. Occasionally, however, it was possible for me to go and I found it so interesting that I would have liked to be on tour frequently.

One of my village visits was briefly as follows:

A certain Indian gentleman who spoke English fluently came and told me that his Malik (master) wanted him to bring a woman doctor to see his wife. I agreed to go. The train left about 8 p. m. and reached our railway destination about midnight. The Malik's manager came to me and solemnly proposed three alternatives. He said: "You can spend the night here in the railway station, we will give you a charpoy and rezai (stringbed and quilt), or, the Malik's servants will carry you in a litter (he pointed to a coffin-shaped box with four projecting sticks), or, if you wish to ride, a horse is ready for you." I chose the latter. To my great amusement they put a chair beside the horse to make it easier for me to mount. Then we started, the manager and myself on horseback, 14 servants on shank's mare, trotting in front, beside and behind us.

The rough path was lit up by the moon and the stars, which shone in eastern splendor and brightness. After about an hour's ride, it was 1 o'clock in the morning, we passed a tank which was surrounded by women. "These Hindu women worship the moon," said my companion. One must see these things to believe them. After another hour we saw the reflection of the moon in a big pool from which rose the melodious refrain of quack, quack. (I did not take it as a personal salutation, however.) At 2 a. m. we reached the village. I was conducted to an isolated building where I had a few hours' sleep.

RICH KASHMIRI WOMAN CONVALESCING

After a breakfast of tea and eggs, I went to see my patient. The Zenana quarter was a separate building surrounded by a high wall. The queen of this stronghold was a Pathani of the renowned Peshawar beauty type, light complexion, eastern features, dark hair. Her cheeks had a little glow of artificial rouge, her dress was dainty and her jewels not too many. Although only 18 years old her manner was dignified and calm, which is characteristic of Indian women in general. When my professional work was done, she took me to the sitting room. A carpet, a few bolsters on it and two chairs were the only furniture. My patient and I sat on the chairs and a number of women servants were sitting or lying around us. I was asked so many and such varied questions, that I was able to sketch to them the life of an ordinary Christian family and the essentials of our religious beliefs, simply and quietly at their own request. Everything I said or did or wore was of interest to them as they had never come in touch with Europeans before. After some time the Malik came. When he entered his wife rose respectfully and remained standing as long as he was standing. He offered to show me the place, the mistress of the house could not accompany us, however. Her realm was behind the four walls.

From the roof of the guest house we had a splendid view of part of the Malik's dominion which comprised 18 villages. I said to him, "What good is all this land when your wife can't even go for a walk?" "The only time I could take my wife for a walk would be during the night," he said; "in families like ours, religion and custom and public opinion are strongly against women appearing in public." I explained to him that this constant confinement was bad for her health, but he could not see any way out. I also drew his attention to a big pool in the vicinity of the house as an ideal place for breeding mosquitoes. "Oh," he said, "that is stored rain water and our only supply. People and buffaloes bathe in it and drink from it; there are no wells in the neighborhood."

After a visit to the family mosque, the Malik introduced me to his father, a hafiz, with a dyed red beard. He at once consulted me about his eyes. From his pinpoint pupils it was easily diagnosed that he was a heavy

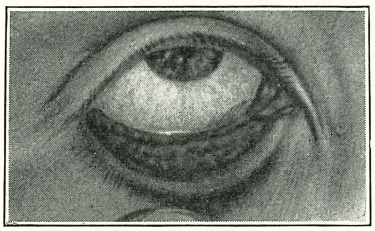
(Continued on page 5)

CATARACTS WHOLESALE

By JOANNA LYONS, *M. D.*

IT IS a good thing for the doctor in an Indian Zenana hospital to be able to do a little of everything in the medical and surgical line. A special feature of medical work in the Punjab is the importance of eye diseases. This is one of the few world centers where trachoma is endemic and it is, I believe, the place where there is the highest incidence of cataract.

Now trachoma is not given a great deal of attention in our brief courses in eye diseases, that is, the courses which form a part of the education of the ordinary medical student who is looking forward to becoming a general practitioner, and one tends to put it mentally on file as a disease that the Indians in the southwest of the United States are very prone to, and to let it go at that, but a few months out here in dispensary practice makes one understand why Uncle Sam keeps such a close watch at the ports to debar the entrance of cases of trachoma.



Trachoma or granular conjunctivitis the cause of much blindness

As for cataract operations, I think they are pretty generally handed over by the physician or the surgeon to the specialist. I, for one, had never seen an operation for cataract before I came to India.

Feeling the need of some instruction and practice in eye treatments and operative procedures, I utilized 10 days in a sojourn at one of the Meccas of those afflicted with eye diseases and particularly cataracts. This is the village of Moga, in the Punjab, near Ferozepore, where for the last 25 years Doctor Mutthra Das Pahwa has been specializing in cataract operations, until he has come to the point where he does between six and seven thousand a year.

Ten days may sound like a short while, but Moga is a high-pressure place. During these 10 days there were done in this clinic 544 operations for cataract and certainly half that number of other eye operations, besides a few major and minor operations of a general nature. And I was allowed to do 50 in this time. But please do not think that Mutthra Das is so unfair to his patients as to turn them over carelessly to inexperienced operators. The work of visiting doctors is done only under his immediate supervision.

Mutthra Das deserves a whole story to himself, and may be some of these times we will write him up, but now I would like to show him to you in the height of the cataract season in Moga, a short, slender, vivacious Punjabi, a true gentleman and a perfect lion of energy. He sits upon one corner of a table loaded with papers, opening his mail, dictating simultaneously to five persons the answers to letters (this is a positive fact), and at intervals of a few minutes passing judgment upon little groups of prospective patients who pass one at a time before him. As he looks at each patient he calls out the diagnosis and states whether he is to be admitted for immediate operation, or for treatment, or rejected as not able to be benefited.

After two or three hours of this, the morning's mail has been polished off and the doctor goes straight to the operating room, where the batch of patients sorted out in the morning's admissions, the people who filed past the desk an hour or so ago, are waiting for him. They are seated all about the wall on the floor and they overflow into two anterooms and out onto the veranda. There are two operating tables with two patients already lying upon them. Mutthra Das washes his hands at the tap in the corner, picks his instruments out of a phenol solution and falls to work at removing cataracts with the zest of an artist, or of the born surgeon, let us say. Between 20 and 30 seconds he spends in doing one eye and his attendants are so well trained that he turns from table to table with little delay between cases. The 20 seconds covers the interval from the time he incises the cornea until the lens and its capsule are delivered.

If you want to know the details, they are these. An attendant drops a little 5 percent solution of cocaine into the eye, a few minutes in advance. The doctor comes to the patient and the attendant turns a stream of one in 2,000 bichloride of mercury into the conjuctival sac for a few seconds. Another attendant puts the eye speculum in place, the doctor steadies the eye with a fixation forceps, makes an incision with a Graefe knife that includes about two-fifths of the cornea and ends just at the corneal side of the sclerocorneal junction. He fishes out a piece of iris with an iris forceps and does an iridectomy. The attendant removes the speculum and lifts the lids off the eyeball with two hooks, so that the patient may not squeeze on the eyeball and cause the escape of vitreous. Then with the pressure of a blunt hook applied at first a little below the cornea, he dislocates the lens and its capsule, the pressure following the lens upward as it is moved, until the lens is delivered, with its capsule, through the corneal incision, the lower pole being delivered first. The art of the whole thing lies in the right

amount of pressure in the right direction. It looks easy, but it isn't.

Now the patient has a bandage put upon his eyes and is carried off to bed. The hospital in its busy season has considerably over 600 inpatients, practically all eye cases. It is able to supply each one with a cot (charpoi) and a doctor to make rounds each day and someone to keep the place swept up and sprinkled and that is about all. The patients have their own relatives with them almost always, they bring their own bedding and the relatives bring them food from the bazaar. Doctor Mutthra Das makes rounds through half of the hospital every day, and the assistant through the other half. The bandages of cataract patients are not opened until the eighth day. This may be surprising, but it works out very well in practice. The patients lie in bed fully clothed. There is nothing practically in the line of nursing care.

So much for the cataract operations. When the half-day's lot of these have been disposed of, the other eye cases are placed upon the tables and their number approaches that of the cataract cases on many days, irridectomies, peritomies, abscissions and now and then an enucleation, all follow in quick succession. Last of the eye operations come a group of trichiasis sufferers. I have seen, on different occasions, eight such patients on four tables in the one room, that is, two to a table, being placed "heads and tails." The eight were put to sleep simultaneously with chloform given from a closed apparatus. Mutthra Das goes about swiftly and does the operating, leaving the suturing to assistants. Last of all he may do a couple of other operations, and call it a half day. He then retires to his house, eats a meal and entertains a few friends who have turned up, does a bit of business perhaps, has a nap, and at 4 o'clock starts the repetition of the morning's performance in regard to mail, dictation, admissions and operations.

Sometimes just as the morning's work is being finished, a few patients straggle in. They have come straight from the train and occasionally enter the operating room with their moveables in their hands. The doctor looks at them and, if he judges them suitable for operation, they kick off their shoes, remove their head covering, climb upon the table and are operated upon before they quite know what has happened.

Now, what about the results of all this? Whether cataractous lenses should be extracted in the capsule or not, is still somewhat debated, but I think the people who have had experience with great numbers of cases, as here in India, favor the intracapsular method because there are no tags of capsule left behind to excite inflammatory processes or to cause an after-cataract that may call for a second operation. Anyway, I can tell you what I observed during my 10 days' stay at the Moga hospital, making rounds with the doctor every day. I saw the 544 cataract cases done during my time there, as well as the lot that were in before my arrival. In all these there was exactly one eye that went septic. There was one case of expulsive hemorrhage, with the probable loss of sight in both eyes. There were certainly not half a dozen cases in which the symptoms of iridocyclitis were sufficient to call for treatment. The standard treatment, by the way, being a mercury pill and a blister near the external canthus. As for the escape of vitreous, experience has shown these operators of vast numbers that the escape of a small amount of vitreous is not a matter to be disturbed about, neither as to liability to infection nor for the after-results. Vitreous escape in quantity occurred in not more than eight eyes, and even in those there may have finally been no untoward results. The final results as to vision secured, I could not judge of, naturally, in that short space, but the crowd of people who besiege this hospital for eye operations rather indicates that they must be good. The Punjabi peasant is as shrewd a man, in practical matters which fall under his observation, as will be found anywhere.

Seeing the conditions under which this surgical work is done and contrasting them with the precautions for asepsis and after-care which are common at home, one wonders (to speak in homely language)! How does Mutthra Das get away with it? I think the answer is this: There is a pretty good degree of asepsis maintained in the place where asepsis counts most, and that is inside of the eyeball. There is one passage of the Graefe knife and one instant in which the tip of the iris forceps enters the eyeball and one swiftly-made reposition of the ends of the cut iris. Then the eye is left in peace for a week. Another factor is the skill of the surgeon. Mutthra Das has done far more than 100,000 cataract operations, he ought to know his business and he does. There is no mauling and dragging about unnecessarily of delicate tissues and, as we know, untraumatized healthy tissues are able to take care of themselves, even in the presence of potential infection.

ORIENTAL WOMEN I HAVE MET

(*Continued from page 3*)

opium eater. The old man was very interested in the political situation in Europe and would have talked for hours and hours, but the manager had invited me to see his family and I was anxious to have another talk with my friends in the Zenana. Its inhabitants had thought out more questions, also I was told that the cook had constant fever and cough and they wanted to know whether it was tap-i-diqq (tuberculosis). Their fear was confirmed but they did not realize the danger of contagion for the whole household, especially as they were leading such a confined life. I told the Malik and he seemed to take it to heart, as his first wife had died of it as a mere girl.

As I bade farewell, I was asked to come again during the beautiful harvest season, and was presented with a basketful of quails. With the same retinue, I rode through the stillness of the night, reached the train at midnight and my destination at 6 a. m. The fluttering birds in the basket made sure that I did not over-sleep.

SOCIETY AT HOME AND ABROAD

Recently a new Candidate, Miss Maria Egg, was invested with the garb of the Society and received the name of Sister M. Bernadette. While the greater number of our missionaries are Americans, we are, in true missionary fashion, cosmopolitan. Sister Bernadette's home is in one of the most beautiful and most renowned valleys of the Northern Tyrol, where people do not leave their beloved mountains except for very great reasons And what incentive could be greater than to carry the Faith and Christian Charity to distant countries? Sister M. Bernadette graduated from the nurses' training school of the Municipal Hospital of Innsbruck, which has over 700 beds and is affiliated with the medical school of the famous University of Innsbruck. Innsbruck is the capital of one of the most Catholic and nicest little countries of the world.

SISTER M. BERNADETTE

DEPARTURE OF OUR MISSIONARIES

January 13 was the long-looked-for day of departure of our Missionaries, and of two Holy Cross Sisters. In the afternoon, the departure ceremony with renewal of the Solemn Promise and Mission Oath took place at St. Patrick's Church, in Washington, D. C. Rt. Rev. Monsignor Thomas presided, and Rev. John Delauney, C. S. C., gave the sermon, in which he said:

"To many here tonight, looking at these young sisters leaving kindred, home, and country, the question presents itself: Why are they doing it? What is it that calls them? The answer of these questions may be found in the simple fact of the appeal of a missionary vocation. It is not merely the desire to serve Christ more perfectly, but the impulse of spiritual motherhood that draws young feet from worldly paths to serve Christ, and in His service to become the mothers of deathless souls. The missionary sister feels this same inward stirring, but her vision reaches farther. Her eyes search for disinherited children of pagan lands, down-trodden women, a people not her own, a race with alien traditions. She sees the awakening of womanhood in many nations and in these places, the need of the care of a woman—a woman filled with the charity of Christ and enlightened with the spirit of the Gospel.

"Whether their work be in the hospital, school, dispensary, or the home, they will bring with them new ideals. They bring with them the messages of hope and joy—hope to rise to higher ideals in this world and hope of eternal life in the world to come; joy in this life owing to new-found interests and improved health, and greater joy in the knowledge and possession of God.

"There may be tears in their eyes, but joy is in their hearts—joy in this greater love which carries them into distant regions where they will reap the hundred-fold even in this life.

"They leave behind them places empty now, but it is hoped not for long. There must be some here tonight who will hear the whisper of that inward voice and whom we hope will, in God's good time, respond to it. For of all the glories of which Mother Church is proud, there is none holier or purer than the Catholic missionary sister laboring in our distant mission fields."

After Benediction of the Most Blessed Sacrament, the Holy Cross Choir sang the Itinerary for Missionaries, while the procession led the departing missionaries to the Church door, where they bade good-bye to friends. After a farewell dinner which did honor to our sister chef and to our youthful artists who decorated the refectory with aeroplanes and maps of India, where the two places of destination of our missionaries were prominently marked, we had Benediction of the Most Blessed Sacrament once more in our house. After a fervent recommendation to the Patron of Travelers, the Archangel Raphael and the Ave Maris Stella, and a "See you soon in India" of those who remained behind, the party was hastened to the Union Station to catch a night train to New York. On the morning of the 14th a friend kindly put a car at our disposal to give our missionaries an opportunity to see some of the sights of New York, but it was raining so heavily that only the nearest buildings could be seen. Optimistically we went up the Woolworth Building, hoping to get a bird's-eye view at least, to see to our amazament nothing but a sea of fog, not even pierced by the top of a single skyscraper. After calling at the office of the Propagation of the Faith, we drove through the park. As it had cleared up by then, it was very enjoyable. The afternoon was spent at the house of one of our first and greatest friends, who had invited a number of our benefactors to meet our departing missionaries. We appreciated this thoughtful attention very much, because it proves the personal interest and the personal sacrifices made by many at home to make our work on the field a possibility. It is the *personal* sacrifices that move on the wheel of progress! It was indeed a good spark of encouragement to our missionaries to see these ladies come out in rain and cold to make them feel that they are not going alone and forsaken, as it were, but that they are followed with prayers, interest, and help. With his usual kindness and thoughtfulness, V. Rev. Father Mathis had arranged a farewell dinner, at which some of the relatives of our missionaries in India were present. At 12 o'clock sharp the S. S. Augustus left Pier 59, to land on January 25 in the harbor of Naples, one of the most beautiful in the world. We hope to get some news soon of the trip and the visit to Rome.

OUR WASHINGTON FRIENDS

On January 10, our missionaries were invited to the Nazareth Social Center at Washington, D. C., to meet good friends, who for some weeks had been busy making surgical dressings for the Missions under the leadership of Mrs. Reinoehl, R. N. Mrs. Reinoehl has succeeded in interesting several groups of ladies, and also school children, to prepare dressings, so as to save valuable time to the missionaries. All the dressings—and they made several boxes full—were generously given over in bulk to our missionaries to take to the Holy Family Hospital in Rawalpindi. Dr. Lyons, who does quite a lot of surgery, will be delighted. To give the evening a real missionary character, V. Rev. Father Mathis gave a conference in which he explained our Apostolate, and after Benediction of the Most Blessed Sacrament, our friends and our missionaries became acquainted and formed, we hope, a union of prayer and work, to push on, to bring more souls to God, and more relief to suffering humanity.

MEDICAL MISSION NOTES

Medical Aid to Catholic Missions in South Africa

ON OCTOBER 9, 1929, a meeting was held at Centocow Mission in the Apostolic Vicariate of Mariannhill, South Africa, to discuss problems in connection with the furtherance of medical work on the Catholic Missions of South Africa, in accordance with our Divine Lord's command "Preach the Gospel, heal the sick."

The meeting was called and presided over by the Right Reverend Bishop Fleischer R. M. M., Apostolic Vicar of Mariannhill. The Right Reverend Monsignor Demont S.C.J., Apostolic Prefect of Gariep, who happened to be in the neighborhood at the time, several other priests, D. M. Kohler, and Dr. K. F. McMurthie, were also present at the meeting.

It was agreed that the training of Catholic native girls as nurses was highly desirable, and that such girls, even if only aiming at lower grade certificates such as can be granted by the mission-hospitals themselves, should at least have passed Standard IV before commencing their training.

It was also agreed that it is highly desirable that Catholic mission-hospitals should cooperate as far as possible in any schemes put forward by the government for the furtherance of medical work among natives. The government had shown signs of being anxious to promote a far-reaching medical service among the natives, including the provision or support of central hospitals with branch dispensaries in outlying parts dependent upon the central hospitals; and if Catholic missions were to adopt a *non-possumus* attitude, declining to cooperate in these schemes the result would be that a very great work for the social uplift of the natives would be entirely in the hands of non-Catholics. In proposing and planning new Catholic mission-hospitals, it was decided that it would be wise to submit the proposed scheme and plans, as regards buildings and support, to the government in advance. With regard to the possibility of a new hospital at Centocow Mission, the following committee was appointed to go into the matter and approach the proper government officials: The Rev. Father Apollinaris R. M. M., the Rev. Father Emmanuel R. M. M., and Dr. M. Kohler.

Finally the desirability was emphasised of arranging an annual Medical Missionary Conference to be attended by representatives interested in the matter from the various Vicariates and Prefactures of South Africa.

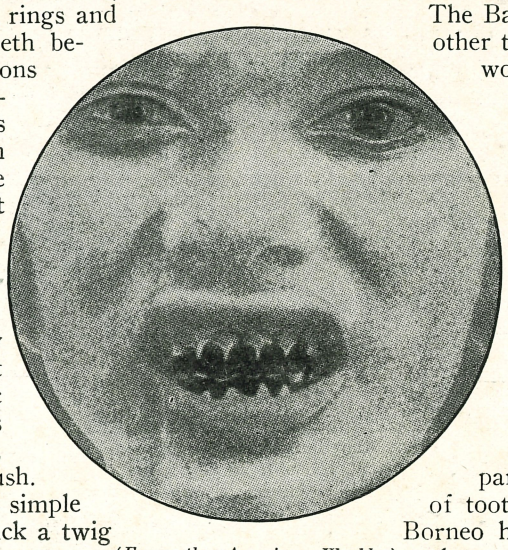
These deliberations and cooperation of Missionaries and Mission doctors can not help but make for progress. It is an example to other missions.

Institute Lavigerie in Malta for the training of Negro doctors for Africa

ABOUT TEETH

DENTISTS being few and far between in India, it falls to every practitioner's lot to extract teeth every now and then. In the hospital for women and children, of which I had charge, it was not a difficult matter as most of the women believed in keeping their teeth until they were so shaky that they could either extract them themselves or have it done without any great pain. My experience was that young people had very beautiful teeth, but owing to neglect and lack of proper care in the early stage of decay, middle aged women often had bad teeth, and old women had none. When I was first in India, I was very much amused at young Indian girls, who not content to have jewels hanging from the forehead, the ears, a ring in the nose, necklaces, finger-rings, bracelets, ankle rings and toe rings, also had their teeth bejewelled. Little depressions were made on the upper incisers and the little cavities formed were inlaid with gold. In the case of the nice pretty brides it looked, what some people would call, cute.

More than once, I have heard deprecatory remarks about the tooth-brush by Hindus. They think that just as it is very unhygienic to use forks and knives which have been used before, it is more so with a tooth-brush. As a matter of fact, it is a simple affair for them; they just pick a twig off a certain tree which is very common, rub it against the teeth, which separates the fibres into a little brush and discard it after each use.



(*From the American Weekly.*)

This Igorote Philippine Island Beauty, having sharpened her teeth, is eligible for fashionable Jungle Society.

Mohammedan works of theology lay stress on the use of the tooth-brush. An Orthodox tradition says: "Abu Huraira said that Mohammed (on him be prayers and peace) said, 'Had I not doubted concerning my people, I would have commanded them to burn incense at night and to use the tooth-brush before every prayer.' This is a sure tradition. Shuraib said, 'I asked Ayesha what the Prophet first did on entering a house, and she said, he used a tooth-brush.' Huthaifa relates that the Prophet when he got up for night prayers would brush his teeth with a miswak. Ayesha said, The Prophet would not lie down at night nor in the day and rise again without using the tooth-brush before washing for prayers. She said, The Prophet would take the tooth-brush and then give it to me to wash and then use it. Then I would use it and wash it and return it to him. * * * Abu Iman says that the Prophet said, Gabriel never came to me except he commanded me to use the tooth-brush. Ayesha said, The Prophet said, The prayer after using a tooth-brush is better than the prayer without, seventy-fold."

In Japan, until recently, blackened teeth were the fashion for Geisha girls and the aristocracy. America manufactured black artificial porcelain teeth to supply Japan. In the land of the Rising Sun some women are said to mutilate their teeth at marriage so as to look less attractive.

Among some uncivilized tribes of Africa, the young men must have their teeth filed to saw points before they can hope to win the heart of a maiden; in other tribes it is done merely for esthetic reasons or to appear more ferocious.

The Battaks of Sumatra and several other tribes in different parts of the world knock out their teeth with special instruments. The Haussa of Africa have such an instrument, which is used for loosening the teeth. The Barvenda of northern Transvaal remove teeth by simply breaking them out with the points of their lances. The Wadjagga beat the tooth with a pointed stone until it becomes loose and then remove it with the finger. The Chinese used to puncture the gums as well as different parts of the body for the relief of toothache. The head-hunters of Borneo have artificial teeth of which they are very proud. They are made of ivory tusks or buffalo horns. The Eskimos carve their artificial teeth themselves.

The teeth serve primitive people not alone for biting and chewing the food but also as a weapon. Many Aborigenes preserve their own teeth and also those of their victims to use them as necklaces and charms.

Not only in Oriental and uncivilized countries there are peculiar practices and beliefs about teeth, even among white people there are certain ideas, which seem strange to say the least. To mention just one example: In 1865, there arose in Paris an "odontological physiognomist" who claimed to read with infallible certainty the characteristic traits of anybody from the position of the teeth. Some people are said to keep extracted teeth carefully, so that they may have a whole body at the resurrection.

When we consider what an important part our teeth play in the preservation of health, it is not surprising that they have at all times been the object of special attention. Whilst our ancestors and primitive people probably had better teeth than we, modern science at least has evolved satisfactory methods of preservation and care of teeth.—A. D.